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DOCKET: FIS920010111US1

AFTER FINAL

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR:	Mukta G. Farooq et al.)	EXAMINER:	Lynne Edmondson
)		
SERIAL NO.:	09/912,192)	ART UNIT:	1725
)		
FILING DATE:	July 24, 2001)	DATE:	July 9, 2003
)		
FOR:	NOVEL REWORK)		
	METHODS FOR Pb)		
	FREE BGA/CGA)		

AMENDMENT AFTER FINAL REJECTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Final Rejection Office Action mailed May 19, 2003,
please reconsider the above-identified application in view of the following
amendments and remarks.



AP/1700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Amendment Response/Transmittal

In re application of: Mukta G. Farooq et al.

DeLIO & PETERSON, LLC

121 Whitney Avenue

New Haven, CT 06510-1241

Serial No. 09/912,192

Filed: July 24, 2001

For: NOVEL REWORK METHODS FOR Pb FREE BGA/CGA

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

Date: July 9, 2003

Transmitted herewith for filing is an **Amendment/Response** in the above-identified Application.

No additional fee is required.

☒ The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	6	MINUS	20	= 0
INDEPENDENT	2	MINUS	3	= 0
1ST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS				

Other Than Small Entity	
RATE	ADDITIONAL FEE
x \$ 18.00=	\$ 0
x \$ 84.00=	\$ 0
\$280.00	\$
TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ Please charge the Assignee IBM Corporation Deposit Account No. **09-0458** in the amount of \$ 0. A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **09-0458**. A duplicate copy of this sheet is enclosed.☒ Any additional filing fees required under 37 C.F.R. §1.16.☒ Any patent application processing fees under 37 C.F.R. §1.17.

☐ **CERTIFICATION OF FACSIMILE TRANSMISSION**
I hereby certify that this paper is being facsimile transmitted to the Assistant Commissioner for Patents on the date shown below.

☒ **CERTIFICATE OF MAILING UNDER 37 CFR 1.8**
I hereby certify that I am depositing the enclosed or attached correspondence with the United States Postal Service as first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 9, 2003
Carol M. Thomas

Name of person mailing paper

Signature

07/09/03
Date

Respectfully submitted,

BY:

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